



Accounts Receivable/Payable Aging Summary

(Please complete this form with information that matches the most current balance sheet being submitted as a part of this application.)

AGING	ACCOUNT RECIEVABLE	ACCOUNT PAYABLE
UNDER 30 DAYS		
30 – 59 DAYS		
30 – 89 DAYS		
90 119 DAYS		
120 – 180 DAYS		
OTHER		
TOTAL (Totals should agree with current financial statement)		

Any receivable greater than 10% of total: _____

Any payable greater than 10% of total: _____

LISTING OF LARGE ACCOUNTS OVER \$10,000

AMOUNT

- 1. _____ \$ _____
- 2. _____ \$ _____
- 3. _____ \$ _____
- 4. _____ \$ _____
- 5. _____ \$ _____
- 6. _____ \$ _____
- 7. _____ \$ _____
- 8. _____ \$ _____
- 9. _____ \$ _____
- 10. _____ \$ _____

TRADE REFERANCES

NAME _____	NAME _____
COMPANY _____	COMPANY _____
ADDRESS _____	ADDRESS _____
CITY, STATE, ZIP _____	CITY, STATE, ZIP _____
TELEPHONE _____	TELEPHONE _____
FAX _____	FAX _____

Signature _____

Title _____

Date _____